

HISTOPLASMOSIS

I. IDENTIFICATION

A. **CLINICAL DESCRIPTION:** A systemic fungal infection of varying severity caused by *Histoplasma capsulatum*. Infection may be asymptomatic or take one of four clinical forms:

- 1) **Acute benign respiratory** - mild respiratory illness with general malaise, fever, chills, headache, myalgia, chest pains, nonproductive cough and scattered small calcifications of the lung.
- 2) **Acute disseminated** - debilitating fever, GI symptoms, bone marrow suppression, lymphadenopathy. Most frequent in children and immunosuppressed; fatal if not treated.
- 3) **Chronic pulmonary** - clinically and radiologically resembles chronic pulmonary tuberculosis with cavitations, usually in middle-aged and elderly persons with underlying emphysema.
- 4) **Chronic disseminated** - low-grade fever, weight loss, weakness, liver and spleen enlargement, mucosal ulcers, subacute course with slow progression; fatal if not treated.

B. **REPORTING CRITERIA:** Laboratory diagnosis.

C. **LABORATORY CRITERIA FOR CONFIRMATION:**

- Isolation of *H. capsulatum* from culture of bone marrow, sputum, or lesions, **OR**
- Histologic demonstration of intracellular yeast cells from bone marrow or tissue biopsy, **OR**
- Detection of *H. capsulatum* polysaccharide antigen in urine or serum, **OR**
- Rise in CF titers to either histoplasmin or yeast-phase antigen.
- Positive histoplasmin skin test IS NOT sufficient evidence.

II. ACTIONS REQUIRED / PREVENTION MEASURES

A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES ROUTINE REPORTING:**
REPORT TO THE LOCAL OR STATE HEALTH DEPARTMENT within five (5) business days of the identification of a case or suspected case.

B. **EPIDEMIOLOGY REPORTS REQUESTED:**

1. Kentucky Reportable Disease Form – EPID 200 (Rev. Jan/03).

C. **PUBLIC HEALTH INTERVENTION:**

- Minimize exposure to dust in areas contaminated by bird droppings such as chicken or pigeon coops, bird or bat roosts and surrounding soil.
- Surfaces can be sprayed with water to reduce dust.
- Cleaning (using respiratory protection) and/or chemical decontamination requires specially trained personnel.

III. CONTACTS FOR CONSULTATION

- A. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE BRANCH: 502-564-3261.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, SURVEILLANCE AND HEALTH DATA BRANCH: 502-564-3418.
- C. FOR ENVIRONMENTAL SAMPLING: Ted Pass, Ph.D., Professor, Department of Microbiology, Morehead State University: 606-783-2961.

IV. RELATED REFERENCES

1. Histoplasmosis: Protecting Workers at Risk; Centers for Disease Control and Prevention, September 1997.
2. Chin, James, ed. HISTOPLASMOSIS. In: Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000: 262-265.
3. Pickering, LK, ed. Histoplasmosis. In: 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2000: 319-321.